Department of Veterans Affairs
Veterans Health Administration

February 5, 2003

OFFICE OF RESEARCH AND DEVELOPMENT
HEALTH SERVICES RESEARCH AND DEVELOPMENT SERVICE
and REHABILITATION RESEARCH AND DEVELOPMENT SERVICE

Program Announcement:

Quality Enhancement Research Initiative (QUERI)

TARGETED SOLICITATION OF PROPOSALS TO ESTABLISH A STROKE QUERI CENTER

1. **Introduction.** The Veterans Health Administration (VHA) Health Services Research and Development Service (HSR&D) and Rehabilitation Research and Development Service (RR&D) announce the opportunity for Department of Veterans Affairs (VA) medical facilities to compete for core support funding to establish a new Quality Enhancement Research Initiative (QUERI) Center for Stroke. This opportunity is open to all VHA medical facilities. Instructions and formats for submitting applications are attached (Attachment A).

2. **Background.** QUERI Centers facilitate translation of clinical research findings and recommendations into practice within VHA. QUERI promotes use of evidence as the basis for clinical decision-making and monitors outcomes to enhance ongoing system-wide quality. QUERI is a data-driven, outcomes-based effort that links research to practice using a defined, systematic process. Since its inauguration in 1998, QUERI has placed special emphasis on several priority areas: congestive heart failure, ischemic heart disease, mental health, substance use disorder, HIV/AIDS, diabetes, spinal cord injury, and most recently colorectal cancer. For each of these areas, a multidisciplinary Executive Committee (approximately 15 members), co-led by a Research Coordinator and Clinical Coordinator, pursues the targeted goals and objectives detailed in the Center's merit-reviewed Strategic Plan. The Strategic Plan specifies detailed plans for identifying gaps in clinical evidence

and practice, comparing ideal to existing clinical policies and practices, and promoting use of the best available evidence by providers, managers, policymakers, patients and others to close these gaps. A Stroke QUERI Center was active from 1998 through 2001. HSR&D is now seeking to re-establish a Stroke QUERI Center, consistent with the importance of Stroke within VHA and its inclusion in the original list of priority conditions. Additional information about QUERI is available at http://www.hsrd.research.va.gov/.

3. **Key Activities.** Each funded HSR&D **QUERI Center** is expected to:

   a. Document goals and objectives as well as annual progress through each of the six QUERI steps listed below:

      1. Identify high-risk/high volume diseases or problems.
      2. Identify best practices.
      3. Define existing practice patterns and outcomes across VHA and current variations from best practices.
      4. Identify and implement interventions (including performance criteria) to promote best practices.
      5. Document that best practices improve outcomes.
      6. Document that improved patient outcomes are associated with improved health-related quality of life (HRQOL).

   b. Develop, test and refine—and facilitate active distribution of—tools and products specifically designed to promote clinical quality improvement, such as automated clinical decision tools, educational materials, policy reports and others. When possible, tools and other output should be evaluated for effectiveness and impact.

   c. Within two years of the receipt of funding and formal launch of the QUERI Center, plan and prepare to launch at least one project to implement and evaluate a quality enhancement intervention/program to address identified quality and performance gaps via translation of clinical research findings/recommendations into routine clinical practice within VHA. Initial impacts of the first such project should be assessed within approximately eighteen months of the project's start date. By the end of Year Two of the QUERI Center's timeline, a formal Translation Plan describing a major quality enhancement effort for at least one clinical recommendation should be submitted.

   d. Compete successfully for VHA and non-VHA research project funding, including VA Research Grants from HSR&D, RR&D, and Medical Research Service (e.g. Service Directed Projects, Investigator Initiated Research awards, and Service Directed Research awards) and grants from NIH, other federal agencies and private foundations, with the goal of leveraging core support funding.

e. Develop and maintain substantive, mutually beneficial, collaborative alliances with supporting institutions, including other federal agencies, schools of medicine and public health, university health administration programs, and research institutes. Serve as a liaison between the QUERI program and other national groups (such as other federal agencies, professional organizations, voluntary health organizations and others) in ways that expand collaborative opportunities for VHA researchers and health care leaders and facilitate national progress in Stroke prevention, diagnosis, treatment, and long term care (including post stroke prevention, decreasing medical complications and optimizing neurological and functional outcomes), via advances in the scientific knowledge-base and clinical practices.

f. Develop leadership and become a nationally recognized resource in both Stroke research and in the systematic translation of clinical research into practice, providing timely and valuable scientific and policy guidance at the national, regional, and local levels within and outside VHA.

g. Enrich VHA's overall technical support capabilities and contributions in health services and rehabilitation outcomes research. Collaborate with other QUERI Centers, HSR&D Centers of Excellence, RR&D Centers, and VHA Central Office to enhance overall research performance and productivity.

4. <u>Eligibility to Apply.</u>

a. **VHA Medical Facilities.** All VHA medical facilities are eligible to apply. Each QUERI center is **subdivided** into a **Research Coordinating Center** (at the home facility of the Research Coordinator) and a **Clinical Coordinating Center** (at the home facility of the Clinical Coordinator). The Research and Clinical Coordinating Centers that (together) comprise the QUERI Stroke Center can be located at the same facility or located at two different facilities. The majority of the Stroke QUERI's work will be managed from the Research Coordinating Center.

b. HSR&D Service recognizes that **VHA medical facilities with an existing HSR&D or RR&D Center of Excellence (COE) or Research Enhancement Award Program (REAP)** center are likely to possess the personnel, skills and infrastructure critical to the successful development and operation of a QUERI center. However, all VHA medical facilities able to demonstrate appropriate staff resources and infrastructure to achieve the goals of this solicitation are encouraged to respond with proposals: the presence of an HSR&D or RR&D COE or REAP is <u>not</u> a requirement to respond to this solicitation. In addition, VHA medical facilities with an existing QUERI Research or Clinical Coordinating Center are eligible to apply to serve as the Research or Clinical Coordinating Center for Stroke, subject to the leadership staffing constraints specified in paragraph 4c below, "Coordinators and Executive Committee." HSR&D Centers with an existing QUERI center should pay special attention to issues of capacity

and staff resources: reviewers will be especially careful to ensure that adequate capacity, energy and staff are available to fully support and operate a second QUERI center without impairing the performance of the first center or posing excessive burdens on other HSR&D-funded staff and activity at the facility.

c. **Coordinators and Executive Committee.** All QUERI Centers are co-led by a Research Coordinator and a Clinical Coordinator. The Research Coordinator is the Principal Investigator. Both Coordinators need to be eligible to receive VHA research funds (as provided for in **VHA HANDBOOK 1200.15** available on the VHA Research & Development (R&D) web site: http://www.va.gov/resdev/directive/VHA_Handbook_1200.15_Eligibility.doc); this almost always requires a minimum 5/8ths VHA appointment, in addition to other conditions specified in the VHA Handbook section noted above. At least half of any proposed Executive Committee members also will be expected to be eligible for VHA research funding. The Research, Clinical, Translation and Administrative Coordinators of existing QUERI centers cannot serve such roles in the proposed Stroke center: each QUERI center must be led by Coordinators with no other QUERI coordinator roles.

5. <u>Center Requirements.</u>

a. **Focus.** Each QUERI Center is expected to identify clear goals, objectives and plans for pursuing QUERI's overall mission and six-step process for an initial three-year funding period. The Stroke QUERI Center is expected to target aspects of Stroke-related care of greatest importance to VHA (e.g., prevention, post stroke prevention, stroke complications, and stroke rehabilitation), with significantly less emphasis on areas (e.g., diagnosis, acute care) less central to VHA's spectrum of stroke-related care (relative to the other healthcare delivery systems providing acute stroke care to veterans). Proposals responsive to this solicitation will identify the focus and strength of their proposed effort (e.g., Stroke prevention, rehabilitation), clearly specifying the rationale for selection of this focus.

b. **Leadership.** QUERI Centers are comprised of both a Research Coordinating Center and a Clinical Coordinating Center. The proposed QUERI Coordinators (both Research and Clinical) are expected to be eligible to receive VHA research funds (see paragraph 4b above) and each is expected to devote at least .25 full time employee equivalent effort (FTEE) to QUERI activities. In addition, each proposed QUERI Center will be expected to designate a full-time Translation Coordinator, and an Administrative Coordinator. The Translation Coordinator is a dedicated 1.0 FTEE position, which should be staffed by one (or in rare cases, two) VHA employees who have appropriate, multidisciplinary backgrounds. In the case of two Translation Coordinators, one Translation Coordinator should be designated as the "lead" or official Translation Coordinator. The Administrative Coordinator role should be filled by a VHA employee.

c. **Executive Committee Membership.** QUERI Centers are expected to organize a multidisciplinary group of clinicians and investigators who will comprise the QUERI Center's Executive Committee. Final approval for membership will be determined by the Director, HSR&D, but responsive proposals should suggest up to ten potential Executive Committee members from across disciplines and geographic regions. The final Executive Committee will be comprised of both VHA and non-VHA researchers and clinicians, at least half of which should be 5/8ths (or greater) VHA employees, eligible to receive VHA research funding as principal investigators.

d. **Facility Support.** The VHA medical center(s) that house both the Research and Clinical Coordinating Centers are expected to endorse the QUERI Center application, to be indicated by a letter of support. In addition to contributing Medical Care Program 870 salary support for Research/Clinical Coordinators who are clinicians, the medical facility(s) are expected to contribute appropriate space and related facility support (including, but not limited to: selected personnel, electricity, heating, air conditioning, telephones, housekeeping, fiscal and human resource services).

e. **Health Services Research Capacity and Academic Collaborators.** Applicants are expected to have significant health services research capacity and well-established partnerships with academic collaborators who provide expertise in health services research and quality enhancement theory, research and methods. Applicants for a site that already has a QUERI Coordinating Center should articulate distinct structures and clearly describe how the proposed QUERI Center will not negatively affect the existing QUERI Center.

f. **Expected Contributions.** Applicants are expected to present clear plans for how the QUERI Center will contribute significantly to the translation of clinical research evidence and recommendations into outcome and system-wide improvements—and to the achievement of QUERI's broader mission (via the six-step process) over the initial three-year funding period, including ideas for program goals and proposed projects.

6. <u>Budget.</u>

a. **Expected Annual Budget.** Each QUERI Center is comprised of two component centers: a Research Coordinating Center and a Clinical Coordinating Center, with a combined total budget of up to $350,000. The Stroke QUERI's Research Coordinating Center's annual recurring costs are expected to range up to $300,000 annually (including $200,000 for core funding plus $100,000 for a full-time Translation Coordinator), while the Clinical Coordinating Center's recurring costs, above facility contributions, are expected to range up to $50,000 annually.

b. **Potential Start-up Supplements.** In addition to recurring costs, up to $100,000 during Year One may be requested for initial infrastructure (primarily equipment)

expenses. The $100,000 may be allocated to the Research Coordinating Center and Clinical Coordinating Center in any ratio desired, but $100,000 will be the maximum amount allotted to the two components combined.

7. Stroke QUERI Center Funding.

a. **Merit Review.** All applications will be reviewed for scientific merit by a special ad hoc advisory group using the criteria outlined in paragraph 9b below. This group will present recommendations to the Directors of HSR&D and RR&D.

b. **Site Visits.** The site(s) designated by the scientific reviewers to have the most potential for success based on the identified evaluation criteria will be recommended for a reverse site visit to inform decisions about funding. Following the reverse site visit, the most promising site will also receive an on-site visit before any final funding decision is made.

c. **Anticipated Awards and Funding Period.** HSR&D and RR&D will approve one Stroke QUERI Center. The Center selected is expected to be funded for three years, beginning October 2003. Renewal for an additional funding period will be contingent upon programmatic review and the availability of funds.

8. Annual Reporting Requirements. Annual (non-competing) progress is evaluated by QUERI's Research and Methodology (R&M) Committee, comprised of experts with diverse disciplinary backgrounds from a range of VHA and non-VHA academic and clinical centers. An initial Strategic Plan documenting plans for activities and projected progress within each of the six QUERI steps (listed in item 3 of this solicitation) will be due within six months after funding is provided. Strategic Plan updates and revisions will be due annually. In Year Two, a Translation Plan (as described in item 3 above) will be due.

9. Evaluation Criteria. Applications will be evaluated on the basis of the following major criteria:

a. **Administrative Review Criteria.** Applicants are expected to meet the following minimum administrative review criteria to be considered for scientific merit review:

1) Facility eligibility requirements: see section 4a ("Eligibility to Apply: VHA Medical Facilities");

2) Coordinator and Executive Committee requirements: see sections 4c ("Eligibility to Apply: Coordinators and Executive Committee") and 5b/5c ("Center Requirements: Leadership, Executive Committee Membership");

3) Application is endorsed by the Medical Center Director of each relevant medical facility (Research and Clinical Coordinating Centers).

b. **Scientific Review Criteria.** The ad hoc review group will evaluate applications using the following criteria:

1) **Focus and Goals:** relevance and potential importance of the proposed Stroke QUERI's mission and goals to VHA, including the clarity and quality of the underlying rationale for the proposed mission/goals: see section 5a ("Center Requirements: Focus");

2) **Plans for Addressing Issues Identified**: quality, appropriateness and feasibility of the ideas and plans presented to meet the identified goals, including the quality and appropriateness of any proposed projects;

3) **Research Team Capacity and Qualifications:** (a) documented health services research qualifications and capability of the team (including the proposed Coordinators, Executive Committee members and academic/clinical partners) to accomplish stated goals and to contribute to local and national research and training capacity and activities in health services research and quality enhancement research; (b) qualifications of Research, Clinical and Translation Coordinators (formal training, expertise and experience) in leading a multidisciplinary team that links research and clinical practice in ways consistent with programmatic goals; (c) qualifications and breadth of expertise of proposed Executive Committee members, including VHA and non-VHA experts with diverse backgrounds, encompassing expertise and experience in relevant clinical areas and in the translation of clinical research into practice;

4) **Facilities and Other Resources**: actual and potential VHA and other non-VHA resources and collaborators (including any specific recruitment plans).

c. **Funding Decisions.** Reviewers will recommend sites they deem to have the most potential (based on thorough reviews of written applications using the evaluation criteria listed above) for a combined scientific/administrative reverse site visit. A final funding decision is expected to be contingent upon an actual site visit. Funding decisions will be made by the Directors of HSR&D and RR&D, on the basis of the site visits and reviews of the written applications.

10. General Guidelines.

a. **Notification of Intent to Apply.** Proposals will be accepted only from facilities that provide, by **March 14, 2003**, written notification to HSR&D of their intent to apply. Notification should come from the ACOS for Research at the proposed Research Coordinating Center. The Notification of Intent to Apply should specify proposed Research and Clinical Coordinators, medical facility (or facilities), contact person with telephone number and e-mail address, the scope of the work to be addressed, and a brief overview of preliminary goals and ideas.

b. The Notification of Intent to Apply should be sent via one of the following mechanisms:

1) by mail: Stroke QUERI Center--Review
Attn: Ms. Edythe Smith
Department of Veterans Affairs, Central Office
Health Services Research & Development Service (**124Q**)
810 Vermont Avenue, NW
Washington, DC 20420

2) by facsimile: 202-254-0461; Attn: Ms. Edythe Smith

3) by e-mail to: edythe.smith@hq.med.va.gov

c. **Application Information.** Attachment A contains instructions for full proposal submission.

d. **Administrative Checklist**. Attachment B is a copy of the administrative checklist that HSR&D will use in checking applications. Applicants and the office of the ACOS for Research at the proposed Research Coordinating Center are advised to review the proposal and complete the checklist to ensure that the requested information is provided.

11. Schedule. The following award schedule is projected:

a. Program Announcement issued	February 5, 2003
b. Notification of Intent to Apply Due	March 14, 2003
c. Proposals Due	May 14, 2003
d. Initial Proposal Scientific Review Completed by	June 17, 2003
e. Selected Reverse Site Visits Conducted	July 28-31, 2003
f. Follow-up: Facility Site Visit Conducted (if needed)	September 4-5, 2003 or September 8-9, 2003
g. Final Notification Letters Mailed	September 16, 2003
h. Funding Begins	October 1, 2003

12. **Contacts**. Any questions about this solicitation may be directed to Dr. Brian Mittman at 818-895-9544 or brian.mittman@med.va.gov. Any questions about the QUERI program may be directed to Dr. Mittman, Ms. Becky Kellen at 202-254-0216 or becky.kellen@hq.med.va.gov or Ms. Kathi Beutler at 202-254-0217 or kathleen.beutler@hq.med.va.gov.

Nelda P. Wray, M.D., M.P.H.
Chief Research and Development Officer

Attachments

INSTRUCTIONS FOR SUBMISSION OF PROPOSALS
FOR A Stroke QUERI Center

1. **General.** The application should be complete and comprehensive as submitted. Applications will be considered incomplete and returned without review if they are illegible, fail to follow instructions, or if the material presented is insufficient to permit an adequate review. Applicants should follow the prescribed instructions and format so that all pertinent information is available and easily accessible to reviewers, to allow for equitable comparative review.

2. **Format.**

   a. **Forms Required**. Use VHA Forms 10-1313-1 through 8, "Merit Review Application," and VHA Form 10-1436, "Research and Development Information System Project Data Sheet" (if needed to report ongoing related work as requested in section 4c of this Attachment A, narrative Roman Numeral IV). These forms are available through each VHA medical facility's Office of Research and Development (or equivalent) or at the following VHA R&D website: http://www.va.gov/resdev/fr/forms.cfm .

   b. **Printing, Reproduction, and Assembly**. Use standard 8-1/2" by 11" white paper for pages other than forms. Type material single-spaced. Type must be easy to read (and photocopy). The minimum size for computer-generated print is 11 point (approximately 1/8 inch in height for capital letters). There may be no more than six lines of text per vertical inch and page margins must be a minimum of 1 inch at each edge. The original will serve as the master file copy; it should be printed on a single side. Copies should be duplicated back-to-back. Use a blank sheet of paper as a continuation sheet for VHA forms if necessary. Use binder clips rather than rubber bands, stapling, or binding to assemble each copy; and do not insert colored paper between the copies. NOTE: do not include Social Security Numbers (SSNs) on copies. Only the original master file copy should contain SSNs.

   c. **Pagination.** Each page should be identified by both the proposed Research and Clinical Coordinators' last names and page number. Type the last names of both proposed Coordinators in the lower right portion of each page, followed by the sequential page number.

3. **Ordering and Content of Materials.**

   a. **VHA Form 10-1313-1** is the first page of the application. It provides brief identifying information for the proposed Stroke QUERI Center, as a whole. Items that may require clarification are discussed below.
      1) Items 1 and 2. Leave blank.
      2) Item 3. Identify review group as "Stroke QUERI Center."
      3) Item 4. Insert "June 2003" as review date.

4) Item 5. Insert the facility number for the Research Coordinating Center
5) Item 6. Specify the location of the Research Coordinating Center facility
6) Item 7. Social Security numbers of the proposed Research and the Clinical Coordinators (list Research Coordinator first). ONLY the master file copy will contain SSNs. All other copies, leave the SSN blank. [For Items 7-9, 12-13, 16-18, and 20-21 should contain information for both proposed Coordinators and use the following designation: the Research Coordinator = (1) and the Clinical Coordinator = (2).
7) Item 8. Indicate the date, if one or both Coordinators have previously applied for a QUERI Center (either Stroke or Cancer) and for which role (Research or Clinical).
8) Item 9. Type the last name of both the proposed Research and Clinical Coordinators (list the Research Coordinator first, since this person is the proposed Principal Investigator (PI)) in capital letters, followed by the first name and initial(s). List the academic affiliations for both proposed Coordinators. Specify the individual's degrees and list their telephone number and e-mail address.
9) Item 10. The title should not exceed 72 typewritten spaces. It should assist the reader in quickly identifying the scope of the proposed work.
10) Item 11. The amount requested each year includes *both* the Research and Clinical Coordinating Centers. These yearly totals should equal the sum of the amounts for each Coordinating Center for each corresponding individual fiscal year, as listed on VHA Form 10-1313-4. The TOTAL is the total funding (in direct costs only) that is being requested for both Centers for all years (not to exceed 3 years).[See Section 3d, "Total Core Budget Request" in this Appendix].
11) Item 12. Check the appropriate box for each of the Research and Clinical Coordinators' VHA employment status. If both have the same status, then place a "1" and a "2" next to the marked box.
12) Item 13. Check the box for each of the Research and Clinical Coordinators' salary source. If both have the same status, then place a "1" and a "2" next to the marked box.
13) Item 14. Check the appropriate box for "new" project.
14) Item 16. Insert the code(s) for the primary research program and the primary specialty area for each Coordinator. The code(s) should be the same as that reported to VHA's Research and Development Information System (RDIS). List the Research Coordinator first and continue to use numeric designation.
15) Items 17,18, 20, and 21. Provide information for proposed Coordinators with Research Coordinator listed first and continue to use numeric designation.
16) Item 19. Complete fully.
17) Signatures. The original, dated signatures of the proposed Center Coordinators are required—with the Research Coordinator listed first. This date should provide sufficient time for subsequent review by the ACOS for R&D or equivalent. An original, dated signature of the ACOS for R&D, or designee, also is required. In signing, this person certifies that the proposal is administratively complete and all required reviews have been conducted. ***Type in the telephone number and e-mail address of the ACOS for Research at the proposed Research Coordinating Center or another***

individual to contact for any administrative issues (insert name in parentheses if not ACOS for Research at the Research Coordinating Center). The signature for the ACOS for Research at the Clinical Coordinating Center is <u>not</u> required.

b. **VHA Form 10-1313-2** is the second page of the proposal.

1) <u>Identifying Information</u>. Check the appropriate box to indicate that you are describing a program. Provide the identifying information requested: QUERI Center Coordinators' names; Research Coordinating Center facility name and location; and program title (maximum of 72 characters and spaces). The Research Coordinator is considered to be the PI for the program, and is the person responsible for overall direction of planned activities.

2) <u>Abstract</u> (500 words maximum). The abstract should provide a clear, concise overview of the proposed Center's scope, mission, research foci and planned activities and approaches for meeting QUERI's mission. List KEY WORDS that best describe the program's scientific discipline(s) and research foci.

c. **Table of Contents and Proposal Narrative.** The Table of Contents is the third page of the proposal, followed by the proposal narrative. Use the following designated Roman numerals and headings for the Table of Contents and Narrative. Specify in the Table of Contents the page number on which each of the following required sections begins and follow the order listed in developing the narrative. Use the suggested page allocations as a guide for the narrative section (unless specified as a maximum), but in any case ***<u>do not</u> exceed 25 total maximum narrative pages, <u>including organization chart, tables and lists specified below</u> but exclusive of VHA forms, appendices, and table of contents***.

I. <u>Executive Summary.</u> (three pages <u>maximum</u>) Provide a clear and concise overview of the proposed Center's mission statement, theme, foci and rationale. Identify ideas and plans for the initial funding period. Highlight particular strengths of the Center's leadership and proposed infrastructure for achieving the Center's goals and addressing any weaknesses. Conclude by highlighting the perceived "added value" of the proposed Center for the QUERI program, HSR&D and RR&D Services, and VHA overall.

II. <u>Stroke QUERI Center Focus.</u> (two-three pages) Present the proposed Center's mission statement. Describe its key scope. Describe (briefly) sample activities (covering the full six-step QUERI process) for the initial three-year funding period (but note that detailed discussion of these sample activities should be provided in section III below). Discuss the reasons for selecting the theme and foci in terms of their importance and appropriateness for the overall QUERI program, HSR&D's portfolio, and

veterans. Describe how you expect the Center to contribute nationally to the VHA during the next three years.

III. Initial Three-Year Ideas. (five pages) Outline anticipated plans and ideas for addressing the six QUERI steps and meeting QUERI's mission during the first three-year funding period. Include operational plans for bringing together identified clinical and research resources to implement the plan. Articulate how the core support funding will provide "added value" in terms of potential contributions to local and system-wide QUERI and HSR&D activities (e.g., linking research with clinical practice while contributing to local and national needs). Describe proposed plans for projects across the full six-step QUERI process, discussing the motivation and rationale for these projects in terms of current evidence and practice and needs. [***NOTE:*** *Within 6 months of receipt of core support funding, center staff are expected to provide a more detailed strategic plan for the Center's three-year funding period. Plans presented in the Center funding application should be of a more general nature*.]

IV. Leadership and Capacity. (ten pages maximum for both Research and Clinical Centers, exclusive of VHA forms) This section is designed to document (for both the Research and Clinical Coordinating Centers) the applicant's health services research qualifications and capability to accomplish the mission of QUERI and contribute to overall national health services research capacity and quality enhancement for the VHA.

(a) For both the Research and Clinical Coordinating Centers, summarize each proposed Center's current (and expected) health services research capabilities and how they will contribute to meeting QUERI's mission and contribute to local and national health services research capacity and training activities and to national quality enhancement capacity. (one page)
(b) Provide an organization chart depicting key staff and their relationships within the Center and medical facility. (one page)
(c) List Center (proposed and/or identified) core staff and provide a one-paragraph description of their positions, related responsibilities and related research or other pertinent expertise. (two pages)
(d) Present an overview of staff in tabular form (see example, Table 1; one page).

TABLE 1: Coordinating Centers -- Core Staff

RESEARCH COORDINATING CENTER:

Name/Position	**Personnel Qualifications**	**FTE**
SUSAN S. SMITH, highest degree Research Coordinator/Chair	Academic field x years, teaching y years, clinical	0.25 (contributed)

	z years, research (major research interests)	
JOHN D. DOE, highest degree Deputy Coordinator	Academic field x years, teaching y years, research (major research interests)	1.0
Research Assistant, degree (or Statistician, Laboratory Technician, Computer Programmer, Program Assistant)	x years experience	1.0

CLINICAL COORDINATING CENTER:

Name/Position	**Personnel Qualifications**	**FTE**
JOHN J. JONES Clinical Coordinator/Chair	Academic field x years, teaching y years, clinical z years, research (major research interests)	0.25 (contributed)
Research Assistant, degree (or Statistician, Laboratory Technician, Computer Programmer, Program Assistant)	x years experience	1.0

(e) Elaborate on additional organizational/operational details, as follows:

(1) Describe local facility (Research Office or other) review procedures for research projects and reports (half page)
(2) Describe and document the commitment of the medical facility (or consortium of facilities) to both the Research Coordinating Center and Clinical Coordinating Center, and indicate how the involvement of other collaborating scientific groups (or facilities) will be managed routinely. (two pages)

(f) Describe facilities and other resources, as follows (two pages):

(1) List community institutions--including academic collaborators with well-established expertise in health services research and quality enhancement methodologies--that are expected to support the Center's activities. In an appendix, provide the name, telephone number, and mailing address of the expected liaison person for each institution. Also append any negotiated memoranda of understanding, signed by the appropriate officials of each participating institution.

(2) Describe available facilities for the Center (including plans for new or renovated space, if applicable), major items of equipment, and maintenance requirements. Provide estimates of contributed (or requested) costs.
(3) Describe VHA institutional and other sector support committed to (or expected for) the Center, beyond that requested through this application. Briefly discuss how this support will help accomplish the Center's goals (e.g., availability of large-scale databases for analyses and access to technical capabilities residing in affiliated facilities).

d. **Total Core Budget Request.** Use VHA Forms 10-1313-3 and 10-1313-4 to summarize the requested budget for the Research Coordinating Center and the Clinical Coordinating Center. Separate budget pages should be prepared for each Coordinating Center; clearly label each set of forms with the appropriate Coordinator's name and Coordinating Center name (both the facility name and either "Research Coordinating Center" or "Clinical Coordinating Center"). Insert both sets of forms here. Note that Year 1 budgets should address projected budget requests for Fiscal Year (FY) 2004, and the sum of both Centers' budgets for each fiscal year should equal the overall totals for each fiscal year listed in box 11 on VHA Form 10-1313-1.

e. **Biographical Sketches and Individual Support.** Provide a biographical sketch and a list of up to ten recent or significant publications for each of the Center's key VHA and non-VHA collaborating staff, using VHA Forms 10-1313-5 and 10-1313-6, respectively.

f. **Appendices**. Appendices are limited as follows, and should be inserted, numbered, and labeled as specified below. ***Appendices 1 and 2 require VHA forms. The remaining Appendices (3-7) should not exceed thirty pages.***

I. Appendix 1. Current and Pending VHA and Non-VHA Research Support. For proposed staff, list each person's current and pending total VHA and non-VHA research support (if applicable), including funding period dates for all items listed, using **VHA Form 10-1313-7**. (Pending requests should be included, even if there is no current support.) Add **VHA Form 10-1313-8** only when needed to elaborate information as requested in Form 10-1313-7.
II. Appendix 2. Related Ongoing Projects. Insert project abstract (for submitted proposals), HSR&D letter of intent, or VHA Form 10-1436 (for funded projects).
III. Appendix 3. Letters of Commitment. Append a formal letter of commitment for all non-VHA investigators who will become active collaborators with the Center's research program. Include their academic title. List consultants and indicate for each: nature of the service to be performed; fee and amount of travel and per diem for each consultant; and the number of consultations to be provided. Append a letter from each consultant who has agreed to perform this service.

IV. Appendix 4. Memoranda of Understanding. Append Memoranda of Understanding with collaborating institutions.

V. Appendix 5. Additional Information. Append any additional information (not to exceed two pages) that you believe is essential for appropriate consideration of the proposal.

VI. Appendix 6. Medical Facility Endorsement. Append endorsement letters from the medical facility Director(s) at both the Research and the Clinical Coordinating Centers.

VII. Appendix 7. Authorization to Share Materials for Review. It is expected that proposals will be reviewed by VHA and non-VHA reviewers. Please append the following statement, signed by the applicant(s): "VHA is authorized to share copies of all materials included in this application, for the purpose of review."

4. **Submission**. Submit (by mail) the original application plus twenty copies of the proposal to:

   Stroke QUERI Center--Review
   Attn: Ms. Edythe Smith
   Department of Veterans Affairs, Central Office
   Health Services Research & Development Service (**124Q**)
   810 Vermont Avenue, NW
   Washington, DC 20420

5. **Due Date**. Proposals received after the **due date of May 14, 2003** (and applications from facilities that fail to notify HSR&D by March 14, 2003 of their intent to apply) will not be reviewed. HSR&D will confirm receipt of intent to apply and proposals via facsimile or e-mail to the proposed ACOS for Research and Development (or designated contact listed beside ACOS signature at the end of VHA form 10-1313-1, first application page) for both the Research Coordinating Center and the Clinical Coordinating Center.

6. **Availability During Review Process**. Scientific review is expected to occur during business week from ***June 9, 2003 to June 17, 2003***. Once the specific dates are scheduled, applicants will be informed and asked to identify a contact who can reach the proposed Coordinators to obtain answers to any reviewer questions that may arise. Reverse site visits may be conducted for the most promising potential sites, during the period ***July 28-31, 2003***. The proposed Research and Clinical Coordinators and key Center staff may be asked to come to Washington, DC to meet with HSR&D leaders. Reverse site visitors will make an effort within this period to accommodate major conflicts, but scheduling is expected to be tight and cannot be finalized until the scientific review is completed. Applicants are advised to make flexible plans (when the application is submitted) for a potential reverse site visit during the period ***July 28-31, 2003.*** Following the reverse site visits, the leading applicant should expect an actual on-site facility visit by HSR&D leaders before final funding decisions are confirmed. Applicants are advised to make flexible plans (when the application is submitted) for a potential site visit during the period of ***September 4-5, 2003 or September 8-9, 2003.***

HSR&D ADMINISTRATIVE CHECKLIST FOR QUERI CENTER PROPOSAL

PROPOSAL FROM _____
(site) / (proposed Coordinators)

Notification of Intent to Apply received in HSR&D,
VA Central Office (VACO) by **March 14, 2003** _____

Unbound original and twenty copies (do not include SSNs on copies)
received at HSR&D, VA Central Office (VACO) by **May 14, 2003** _____

[NOTE: IF EITHER OF ABOVE TWO CONDITIONS IS NOT MET, MARK "NO" ABOVE AND RETURN MATERIALS TO SENDER]

VHA Form 10-1313-1 (Coordinators are 5/8ths VHA);
[signed by ACOS for Research at the Research Coordinating Center site] _____

VHA Form 10-1313-2 (page 2) _____

Table of Contents (page 3) _____

Narrative (25 page limit, including org chart and table 1 but excluding
Table of Contents, VHA forms and appendices) _____

I. Executive Summary (three page limit) _____

II. Stroke QUERI Center Focus (three page limit) _____

III. Initial Three-Year Ideas (five page limit) _____

IV. Leadership and Capacity (10 page limit exclusive of VHA forms) _____
- a. summary of HSR capabilities (one page) _____
- b. organization chart (one page) _____
- c. core staff list, description (two pages); Coordinators are at least 5/8ths VHA and allocating .25 FTEE _____
- d. staff overview (Table 1, one page) _____
- e. organizational/operational details
  - -- description of local review procedures (1/2 page) _____
  - -- description of non-clinician (1/2 page) _____
  - -- description of commitment (two pages) _____
- f. facilities/resources (collaborators, facilities, support) (2 pages) _____

Total Core Budget Request – (VHA Forms 10-1313-3 and 4)
[one set for each Coordinating Center—Research and Clinical] _____

Biographical Sketches and Individual Support (VHA forms 10-1313-5 and 6
for all key staff) _____

Appendices (page limits met) _____

Appendix 1. Current & Pending VHA & non-VHA Research Support
(VHA Forms 10-1313-7, and 8 if appropriate) _____

Appendix 2. Related Ongoing Projects
(Abstracts, HSR&D LOIs or VHA Form 10-1436) _____

Appendix 3. Letters of Commitment from non-VHA collaborators _____

Appendix 4. Memoranda of Understanding _____

Appendix 5. Additional Information (maximum two pages) _____

Appendix 6. Medical Facility Endorsement letters (both Research and Clinical Coordinating Centers; signed by Director or appropriate designee) _____

No other letters of endorsement included _____
(if included—remove)

Appendix 7. Statement of Authorization to Share Materials _____